Exploring alternative narratives: the prioritisation of polio in northern Nigeria

Tara Mangal and colleagues[1] present compelling evidence that lends support to the suggestion that the efficacy of the oral poliovirus vaccine varies depending on its composition, thus reinforcing similar findings reported by Jenkins and colleagues in 2008.[2] However, the persistence of polio in the northern states of Nigeria cannot be adequately explained by the chemical properties of the vaccine and therefore warrants further exploration.

The global response to poliovirus has been shaped largely by the so-called smallpox paradigm: the assertion that disease eradication can be achieved with the successful application of efficacious medical technologies and targeted pharmacological interventions.[3] Driven initially by WHO's eradication agenda in the 1960s and 1970s, and then more recently by independent philanthropic organisations, most notably the Bill & Melinda Gates Foundation, substantial progress has been made to curb the spread of vaccine-preventable diseases. However, focus on the smallpox paradigm risks diverting attention away from the need for comprehensive health strategies that ensure vaccination coverage in conjunction with much broader health systems development.

The so-called override approach,[4] characterised by a fixation on poliovirus eradication, continues to feature prominently in northern Nigeria despite a call for greater community collaboration, and programmes tailored to local needs and concerns. As documented elsewhere,[4] the Immunisation Plus Days initiative was a particularly successful example of a broader health service provision, which included the distribution of bednets, deworming drugs, and a range of childhood vaccinations. A sharp decrease in the number of cases of wild poliovirus followed. However, the success of this programme was short-lived; a change of leadership and the incorporation of the National Programme on Immunisation into another national agency coincided with a rise in the number of cases of wild poliovirus in the following year.[5]

Established poliovirus vaccination programmes in Nigeria's northern states have generated suspicion because the poliovirus eradication agenda has received priority status, and has been poorly framed within the context of myriad other health concerns.[4,5] Drawing on interviews with community members in Zaria, Kaduna State, Northern Nigeria, anthropologist Renne noted that some respondents questioned why poliovirus programmes had taken precedence over diseases such as measles and malaria, which are regarded by the population as more harmful, and over the development of primary health-care services.[5] This perception is further compounded by the observation that, frequent poliovirus vaccination drives draw staff from an already limited local human resource pool.[6]

The call for better communication strategies is unlikely to address the needs and concerns of those affected by this disease, nor does it account for the reasons why families and communities have become sceptical of poliovirus vaccination programmes. Moreover, international global health organisations should take steps to account for existing anthropological and social science research that examine the complex interaction between historical, political, and sociocultural factors, which shape the persistence of poliovirus in the northern states of Nigeria.

I declare no competing interests.

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